

**New Jersey State Department of Health & Senior Services
Consumer & Environmental Health Services
P. O. Box 372, Trenton, NJ 08625-0372
(609) 631-6749**

**LEAD TRAINING AGENCY CERTIFICATION
Renewal Application**

For NJDHSS Use Only	
Transmittal No.: LT-	
Date Received: / /	
[] Check [] Mo. No.:	
Amount:	Initials:

Renewal applications must be submitted at least 180 calendar days prior to the expiration date of the discipline you wish to renew. Please type or print legibly in ink. **Only one course per application.** Initial course and corresponding refresher course may be submitted on a single application. If you have any questions call the NJDHSS at the above number. Once you have completed this application, send it to the above address.

I. APPLICATION FEE AND COURSE TYPE

Course Fee: A non-refundable application fee for annual certification in the amount of **\$500.00 per discipline** (note: initial and refresher courses are separate disciplines) must be forwarded with this application. The fee must be paid by certified check or money order and be made payable to the "New Jersey Department of Health & Senior Services".

Type of Application	Course Discipline		
	<i>(Make check in appropriate column. Check no more than one initial and one corresponding refresher)</i>		
	Discipline	Initial	Refresher
	Worker-Housing & Public Buildings		
	Supervisor- Housing & Public Buildings		
	Worker-Commercial Buildings & Superstructures		
	Supervisor- Commercial Buildings & Superstructures		
	Inspector/Risk Assessor		
	Planner/Project Designer		

II. GENERAL APPLICANT INFORMATION

Name of Agency		Agency Number	
Business Telephone ()	Fax Number ()	Federal Employer I.D. Number	
Mailing Address	City	State	Zip Code
Is the <u>street</u> address of the agency different than above address? [] No [] Yes <i>If yes, the following must be completed:</i>			
Street Address:	City	State	Zip Code
Web Address (if applicable)			

III. TRAINING MANAGER INFORMATION

Name	Position and/or Title with Company:		
Address	City	State	Zip Code
Telephone ()	E-mail Address (if applicable)		

IV. APPLICANT (AS IDENTIFIED IN SECTION II. ABOVE) INFORMATION

Is all of the information contained in the previous application still accurate? [] No [] Yes
(If you check "No" you must include any updated information or materials with this application.)

If applicable, has any outstanding penalties been paid? [] No [] Yes
(If you check "No" you must pay all penalties before your re-certification can be approved.)

V. APPLICANT STATEMENT AND SIGNATURE

The information contained in this "Lead Training Agency Certification Application" is accurate, true and complete to the best of my knowledge. I understand that if such information contained in this application is false, I am subject to the penalty provisions under N.J.A.C. 8:62.

I understand that this application is subject to verification and that I agree to provide any additional documentation as required. For the same purpose I also understand that outside sources may be contacted and that I do hereby give permission for disclosure of any information which may be needed to determine certification application validity and/or eligibility. I also understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application for approval. I also understand that completion of this application does not guarantee certification as a lead training agency in New Jersey. I certify that this agency can operate in compliance with N.J.A.C. 8:62.

I am authorized to sign for and in behalf of persons listed as owners, partners, shareholders, officers and directors of the company..

Name (Print):	Title
Signature	Date